	(Column 1)			10 754, 54	
	FOR		(Calumn 2)	SMALL	
. .	BASIC FEE (37 CFR 1.16(a)) TOTAL CLAIMS	NUMBER FILED	NUMBER EXTRA	SMALL ENTITY RATE	OR OTHER THAT
····	(37 CFR 1.16(C)) INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =		TIME FEE	OR RATE FE
	10[0]	minus 3 =		x s 25=	OR X 5 50 =
	MULTIPLE DEPENDENT CL	AIMPRESENT (37 CFR	1.16(d)	x s 100_	OR X3202
	- If the difference in column	1 is less than zero, enter -0-	in caluma 2	+5180	OR + 360
	CLAIMS	S AS AMENDED - PAI	RT 11	TOTAL	OR TOTAL
·	(Col	Junu ()			
	AMEN	AINING HIGH	HEST MBER PRESENT	SMALL ENTITY	OR OTHER THAN SMALL ENTITY
	O (JI CFR 1.16(c))		UUSIYI Evas. I	RATE ADDI- TIONAL FEE	RATE ADD
. 4	GI CER LIGITION 4	Minus	7	x s 25 = x s 100 =	OR x 5 50 =
.	THOM OF	MULTIPLE DEPENDENT CLAIM	(37 CFR 1.16(d))	+ s [8()=	OR x s 20Q
-	(Column			TOTAL ADO'C FEE	OR +s360.
ENT B	CLAIL	AS (Colum	ST COCCO		OR ADD'L FEE
ENDMENT	Total (D) GFR (, 18/CI) Independent	ENT PREVIOU PAID FO	SLY EXTRA	RATE ADOI.	RATE ADDI
AME		Minus		(525=	TIONAL FEE .
		LTIPLE DEPENOENT CLAIM (37 CFA 1.16(d)) . X	$\frac{\sqrt{100}}{\sqrt{180}}$	
	(Column 1		T	STAC DOTAL DOT FEE	[mucci
NTC	CLAIMS REMAININ AFTER	G (Column) (Column) (HIGHEST (HUMBER	(Column 3)	OR	AOD L FEE
	Total (1) OFR (.16(c))	PREVIOUSI PAID FOR	Y EXTRA	RATE AODI- TIONAL FEE	RATE ADDI-
< -	Indépendent OF OF A LIGHT	Minus		25.	TIONAL FEE .
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(d)) **S 100 OR					
"If the entry in column 1 is less than 1					
# The Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 20. The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3. ISPIO In previously Paid For Total or Independently is the highest.					

If the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

This oblection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the amount of time you require to complete displication form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS